

RECEIVED
CENTRAL FAX CENTER
JUN 03 2008

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE


Applicant:	Rubin)	Confirmation No:
)	
Serial No.:	10/518,109)	Group Art Unit:
)	
Filed:	October 12, 2004)	Examiner:
)	
For:	Medical Device for Intra-Lumenal)	
	Delivery of Pharmaceutical Agents)	

POWER OF ATTORNEY

I (We) hereby revoke all previous powers of attorney given in the above-identified application, and hereby appoint the practitioners associated with Customer Number 50446.

Please change the correspondence address for the above-identified application to the address associated with Customer Number 50446.

I am/We are the Applicant(s)/Inventor(s).

 MD 3/19/08

Leo Rubin

Date